

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046249

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 22Primary Registration District No. 4134Registrar's No. 234

FILED JAN 2 1963

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
Smithville

Length of stay in 1b

2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
Smithville HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY  
OR  
TOWN

Kansas City

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

3226 Woodland

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

EMMA

Middle

LOUISE

Last

FIELDS

4. DATE  
OF  
DEATH

Month

December

Day

Year

23, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11-7-1889

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Memphis, Tennessee

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Peter Christina

## 13b. MOTHER'S MAIDEN NAME

Abbey (unknown)

## 14. NAME OF HUSBAND OR WIFE

Albert Fields

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Mrs. Bertie Elder 4242 E. 53rd Terr.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH

14 DAYS

## DUE TO (b)

Nephrosclerosis, Bilat

UNK

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

ASHD = Decongestion

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 12-9-62to 12-23-62and last saw her alive on 12-23-62Death occurred at 2:45

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

L.A. Beale, M.D.

## 22b. ADDRESS

Smithville, Mo

## 22c. DATE SIGNED

12-27-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Cremation

## 23b. DATE

Dec. 28, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS R.C., MO.

## 25. DATE RECD. BY LOCAL REG.

12-27-62

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

Melody-McGilley-Eylar, Woodland

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 7 1963

JAN 22 1963

Mr. Becker  
Smithville Miss.

TR 3-2611

AREA Code 816

Thurs. 8:00AM to 5:30

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James E. Kachleman

Licensed Embalmer No. 4573

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.